

HOSPITAL AND MEDICAL FACILITIES SERIES

The Hill-Burton Program

organization
administration

HOSPITAL PROFILES

A DECADE OF CHANGE 1953 - 1962

NON-FEDERAL, SHORT-TERM, GENERAL HOSPITALS

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Division of Hospital and Medical Facilities
Washington, D.C. 20201

Portions of this publication appeared in the February and March (1964) issues of *The Modern Hospital* which also provided the layout and art for this document

PUBLIC HEALTH SERVICE PUBLICATION NO. 930-C-7

March 1964

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20540 - Price 35 cents

FOREWORD

The use of more and more comprehensive data as well as planning and evaluation guides and mechanisms has increased tremendously in the hospital and related fields. Such data are essential for logical identification, documentation, analyses and projection of needs and resources on a local, regional, state and national basis.

The material presented in this publication, if properly adapted, should be valuable as points of departure in the development of analyses and necessary written programs for communities and in the provision of sound elements of hospital and departmental patterns, operation and evaluation.

As indicated, the data involve ranges and averages, and not standards nor the ideal hospital.

It is hoped that these data will prove to be useful, as in the past, to administrators, planners and analysts. — JOHN R. McGOWAN, M.D., *Division of Hospital and Medical Facilities.*

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INTRODUCTION

Although this publication is primarily concerned with nonfederal short-term general and special hospitals, some preliminary comments and tables concerning the distribution and utilization of all hospitals are given in Part I. This will lend perspective, make the data more meaningful, and provide a reference point for those who wish to examine the former group in more detail.

In 1959, Dr. Louis Block, then a member of the staff of the Division of Hospital and Medical Facilities, completed a compilation of data on hospitals and their activities. This was published under the title "Prototype Study: Hospital Operations and Activities," in a series of articles in *THE MODERN HOSPITAL*, February 1959 to February 1960.

The information proved to be extremely useful to hospital administrators, analysts and planners. Repeated requests have been received for current data, and the Division arranged for Dr. Block to bring the tables up to date.

The studies differ from the previous ones in that they present particular indices for the full range of hospital sizes from 50 to 700 beds,

in composite form, rather than the duplication of format used heretofore.

Some of the details included in the previous study are not given, since current information is not available. Over a period of time, the format for reporting of certain items changes, and it becomes difficult to relate to previous facts without some subjective interpolation, which has been done in certain areas. As one progresses from the local to the national picture, the information obtainable becomes less specific.

In spite of this, there does exist a great reservoir of specific and detailed information on hospital activities on a national, regional and local basis. Much of the latter is not used beyond the local environment because it is not representative. Even though the approach to the development of the data may not always be statistically acceptable, it does provide a basis that can, and must, be adjusted for particular usage.

Users of this information should also keep in mind that it is a presentation of "what is" rather than "what should be." It involves ranges

and averages which do not necessarily constitute standards for the ideal hospital. Wherever possible, national data were used. Special group or regional data were adjusted to a national basis where possible. The studies do not generally reflect affiliated services with other hospitals.

If these limitations are kept in mind, the findings have value in initial planning and as points of departure in analyzing and evaluating specific situations.

Sources of information, for which acknowledgment is made, include the *Guide Issues (1954-1963)* of *Hospitals*, Journal of the American Hospital Association. Also, the *Directory of Approved Internships and Residencies*, 1962, by the American Medical Association; *Hospital Progress*, the Journal of the Catholic Hospital Association; *Hospital Management*; *Hospital Topics*; United Hospital Fund of New York, special bulletins; The Duke Endowment, Charlotte, N.C.; various state reports on analyses of hospitals built under the Hill-Burton program; and other special reports from hospitals, hospital councils, Blue Cross, and others.

Part I

The Spectrum of All Hospitals

While the studies reported in this publication were approached primarily from the standpoint of the non-federal short-term general hospital, it must be recognized that such facilities form only a part of the total hospital picture in America.

As evidenced in Table 1, interesting growth patterns can be found over the past decade. While only 50 additional hospitals were registered with the American Hospital Association, the change in the percentage distribution of these hospitals has been considerable. In 1953, nonfederal short-term general hospitals comprised 74.7 per cent of all hospitals; in 1962 this figure had grown to 79.2 per cent. Marked changes are also noted in other nonfederal categories, with the reduction in tuberculosis hospitals being most noteworthy. The number of federal hospitals has remained relatively stable. Distribution of hospitals by ownership in 1962 is shown in Chart 1.

BED DISTRIBUTION

Changes are even more noticeable in the distribution of beds. (See Table 2.) With a new growth of 8.83 per cent in total beds in all hospitals, the nonfederal short-term general hospitals have increased 24 per cent. During the same period, federal hospital beds have decreased 11.33 per cent. Hospital beds by ownership in 1962 are shown in Chart 2.

Table 1 — Distribution of All Hospitals, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number	Per Cent	Number	Per Cent	
Nonfederal					
Short-term general and other special	5,212	74.7	5,544	79.2	6.75
Psychiatric	541	7.8	491	7.0	-9.14
Tuberculosis	384	5.5	203	2.9	-47.14
Long-term general and other special	406	5.8	323	4.6	-20.44
All Federal	435	6.2	447	6.3	2.76
Total	6,978	100.0	7,023	100.0	0.72

Chart 1 — Hospitals by Ownership, 1962

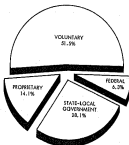
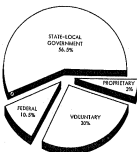


Chart 2 — Hospital Beds by Ownership, 1962



Data Source: *Hospitals, Guide Issue*, Journal of the American Hospital Association, August 1, 1963.

INPATIENT ADMISSIONS

A growth of 31.45 per cent has been recorded over the 10-year period for inpatient admissions, a critical statistic in measuring utilization. This is largely accounted for in the nonfederal short-term general hospital, which had 91.6 per cent of all admissions in 1962.

Admissions to all hospitals increased from 127.5 per thousand population in 1953 to 142.8 per thousand in 1962, or 12 per cent.

Total patient days of hospitalization per 1,000 population decreased by 10.7 per cent, from 3,093 in 1953 to 2,783.3 in 1962.

The increase in admissions to psychiatric hospitals, while encompassing a relatively small number of patients, reflects the general improvement in attention to mental patients, considerably reduced length of stay, and other encouraging factors. (See Table 3.)

OUTPATIENT VISITS

Hospital outpatient services, of which emergency service is an integral part, are being increasingly used by the population of virtually all communities. This increased utilization poses many problems related to community planning, clinical aspects including patterns of medical practice, administration, personnel and staffing, finances and provision of adequate space and equipment.

For 1962, the 5,291 hospitals of all types reporting outpatient visits to the American Hospital Association reported 99,382,469 such visits. This figure is an increase of 18 per cent from 1958 and 68 per cent from 1953. Projected at the same rate of increase, the total number of outpatient visits can be expected to reach at least 129 million by 1970. Within these numbers, emergency outpatient visits will have increased from 21 per cent of total visits in 1958 to 28.7 per cent in 1962, to 36 per cent in 1970.

The ratio of outpatient visits to inpatient admissions has increased from 2.9:1 in 1953 to 3.8:1 in 1962. There has been a dramatic increase in outpatient visits to nonfederal psychiatric

Table 2 — Distribution of Beds in All Hospitals, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number (thousands)	Per Cent	Number (thousands)	Per Cent	
Nonfederal					
Short-term general and other special	546	34.5	677	46.1	23.99
Psychiatric	692	43.8	717	42.4	3.61
Tuberculosis	72	4.6	45	2.7	-37.50
Long-term general and other special	68	4.3	73	4.3	7.38
All Federal	203	12.8	178	10.5	-11.33
Total	1,581	100.0	1,690	100.0	6.93

Table 3 — Distribution of Admissions to All Hospitals, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number (thousands)	Per Cent	Number (thousands)	Per Cent	
Nonfederal					
Short-term general and other special	18,098	89.7	24,367	91.6	34.31
Psychiatric	291	1.4	413	1.6	41.92
Tuberculosis	77	0.4	60	0.2	-22.08
Long-term general and other special	160	0.8	169	0.6	-0.63
All Federal	1,558	7.7	1,592	6.0	2.18
Total	20,184	100.0	26,531	100.0	31.46

Table 4 — Distribution of Outpatient Visits to All Hospitals, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number	Per Cent	Number	Per Cent	
Nonfederal					
Short-term general and other special	42,022,174	70.9	70,727,674	71.2	68.31
Psychiatric	286,644	0.4	891,582	0.9	247.40
Tuberculosis	1,214,825	2.0	566,140	0.6	-53.23
Long-term general and other special	1,052,908	1.8	1,226,928	1.2	16.63
All Federal	14,753,595	24.9	25,968,345	26.1	76.01
Total	59,390,146	100.0	99,382,469	100.0	67.59

hospitals, and a reduction of more than 50 per cent in such visits to tuberculosis hospitals over the decade.

In the 10 years from 1953 through 1962, outpatient visits, as reported to the American Hospital Association, showed considerable increase. (See Table 4.)

PERSONNEL

The product of hospitals is almost entirely dependent upon people. How personnel are found, placed, used and kept is of vital importance to administrators, planners, analysts and educators — individually and collectively.

Attention must be given continually within an institution, and collectively on a community basis, to problems and programs relating to personnel. Only thus can the most efficient and economical utilization of resources and the highest quality of patient care be assured. Factors to be considered include:

1. Policies
2. Job requirements
3. Qualifications
4. Recruitment
5. Employment
6. Orientation and training
7. Supervision
8. Utilization
9. Compensation
10. Evaluation

In 1962 there were 1,763,000 persons employed full time (or equivalent) in all hospitals in the United States, a 50 per cent increase from 1,169,000 in 1953. (See Table 5.)

Psychiatric hospitals, which have been notably understaffed, have increased their personnel by more than 50 per cent, while federal hospital personnel have remained fairly constant. (See Tables 5 and 6.)

EXPENSES

Payroll

While total personnel in all hospitals has increased by more than 50 per cent and personnel per 100 patients by more than 40 per cent between 1953 and 1962, payroll expense has increased 125 per cent, and in the latter year comprised 68.5 per cent of total expenses as opposed to 62.7 per cent in 1953. (See Table 7.)

Table 5 — Distribution of Full-Time Personnel in All Hospitals, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number (thousands)	Per Cent	Number (thousands)	Per Cent	
Nonfederal					
Short-term general and other special	719	51.5	1,207	68.6	67.07
Psychiatric	165	14.1	251	14.2	52.12
Tuberculosis	47	4.0	34	1.9	-27.66
Long-term general and other special	40	3.4	64	3.6	60.00
All Federal	198	17.0	207	11.8	4.55
Total	1,169	100.0	1,763	100.0	50.81

Table 6 — Distribution of Personnel per One Hundred Patients in All Hospitals, 1953-1962

Type of Hospital	Personnel		Per Cent Change
	1953	1962	
All Hospitals	67	125	43.68
Nonfederal			
Short-term general and other special	183	237	29.51
Psychiatric	25	39	56.00
Tuberculosis	76	104	36.84
Long-term general and other special	72	102	41.67
All Federal	118	134	13.56

Table 7 — Distribution of Payroll Expense, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number (millions)	Per Cent	Number (millions)	Per Cent	
Nonfederal					
Short-term general and other special	1,704	57.0	4,233	62.9	149.42
Psychiatric	422	14.1	985	14.6	133.41
Tuberculosis	115	3.9	124	1.8	7.83
Long-term general and other special	107	3.6	241	3.6	125.23
All Federal	639	21.4	1,151	17.1	80.13
Total	\$2,987	100.0	\$6,736	100.0	125.46

Total Expenses

As may be expected, total expenses have also shown great increases in every category. (See Table 8.) Even in tuberculosis hospitals where beds have decreased by 37.5 per cent, expenses have remained nearly constant. Reflecting the concentration of advanced technologies and more and higher-paid personnel in the short-term general hospitals, the expenses of this category have risen the most (138.5 per cent). However, the rise in other categories, particularly psychiatric and long-term general, is equally significant.

Table 8 — Distribution of Total Expenses, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number (millions)	Per Cent	Number (millions)	Per Cent	
Nonfederal					
Short-term general and other special	2,868	60.2	6,841	67.5	138.53
Psychiatric	685	14.4	1,355	13.4	97.81
Tuberculosis	192	4.0	182	1.8	-5.21
Long-term general and other special	167	3.5	343	3.4	106.39
All Federal	653	17.9	1,408	13.9	65.06
Total	\$4,765	100.0	\$10,129	100.0	112.57

Part II

Nonfederal

Short-Term General and Special Hospitals

In 1962, of the total 7,028 hospitals of all types, the nonfederal short-term general and special hospitals constituted, by far, the largest number: 5,564, or 79.2 per cent. This category had 677,000 beds, or 40.1 per cent of the 1,689,000 beds in all hospitals. Inpatients admitted to these facilities totaled 34,307,090, or 91.6 per cent of the 37,531,000 inpatients in all facilities.

While total patient days per 1,000 population in hospitals of all types decreased by 10.7 per cent between 1953 and 1962, days per 1,000 in nonfederal short-term general hospitals increased from 908.0 to 999.4, or 10.1 per cent. This group of hospitals handled 70,727,474 outpatient visits, 71.2 per cent of the total 99,382,469 visits to all hospitals.

The term "special" hospital used in the text refers to that relatively small number of nonfederal short-term hospitals which care for selected groups, such as maternity or children's hospitals.

Hospitals with less than 50 beds are not included in all of the tabulations because of the diminishing role they are playing in the total hospital scene. In 1953 a total of 963 nonfederal short-term general hospitals, or 18.5 per cent of hospitals in this category, had less than 25 beds. These hospitals had 2.9 per cent of the total beds and accounted for only 3.4 per cent of total admissions. By 1962, hospitals of less than 25 beds had decreased by almost one-third, contained only 1.0 per cent of beds, and accounted for only 1.7 per cent of the admissions.

Hospitals with 25 through 49 beds, of which there were 1,362, or 26.1 per cent in 1953, contained 8.6 per cent of the total number of beds, and accounted for 9.6 per cent of total admissions. This category remained fairly stable, actually increasing slightly in number, owing, in some measure, to the priority system of the Hill-Burton program in the earlier years. The total number of beds in this group in-

creased by 3,345, but the percentage of all beds decreased from 8.6 to 7.4 per cent.

Admissions dropped from 9.6 per cent to 8.0 per cent of total admissions to all hospitals.

Summaries of the relative aspects of hospitals, beds, admissions and other data pertaining to nonfederal short-term general and special hospitals are given in Tables 9-14.

Table 9 — Distribution of Nonfederal Short-Term General and Special Hospitals, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number	Per Cent	Number	Per Cent	
Voluntary	3,010	57.8	3,346	60.1	11.16
Proprietary	1,117	21.4	860	15.5	-23.01
State and Local Government	1,085	20.8	1,358	24.4	25.16
Total	5,212	100.0	5,564	100.0	6.75

Table 10 — Nonfederal Short-Term General and Special Hospitals Distribution of Beds, 1953-1962

Type of Hospital	1953		1962		Per Cent Change
	Number (thousands)	Per Cent	Number (thousands)	Per Cent	
Voluntary	369	67.6	472	69.7	27.91
Proprietary	39	7.1	40	5.9	2.56
State and Local Government	138	25.3	166	24.4	19.56
Total	546	100.0	677	100.0	23.99

Table 11 — Distribution of Nonfederal Short-Term General and Other Special Hospitals, By Size, 1953-1962

Number of Beds	1953		1962		Per Cent Change
	Number	Per Cent	Number	Per Cent	
Under 25	963	18.5	532	11.3	-24.37
25-49	1,362	25.1	1,434	28.6	4.56
50-99	1,208	23.2	1,417	28.5	17.30
100-199	944	18.1	1,080	18.9	11.23
200-299	392	7.5	634	9.6	36.22
300-499	244	4.7	368	6.6	50.82
500 +	99	1.9	139	2.5	40.40
Total	5,212	100.0	5,664	100.0	6.75



Table 12 — Distribution of Nonfederal Short-Term General and Other Special Beds, By Hospital Size, 1953-1962

Number of Beds	1953		1962		Per Cent Change
	Number	Per Cent	Number	Per Cent	
Under 25	16,016	2.9	10,997	1.6	-31.34
25-49	46,760	8.6	80,105	7.4	7.15
50-99	62,012	15.0	97,159	14.4	18.47
100-199	130,498	23.9	144,467	21.3	10.70
200-299	93,592	17.2	127,899	18.9	36.66
300-499	89,218	16.3	125,305	20.0	51.66
500 +	87,807	16.1	110,873	16.4	26.27
Total	648,903	100.0	676,795	100.0	23.98

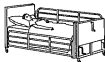


Table 13 — Bed Distributions: Nonfederal Short-Term General and Special Hospitals, 1953-1962

	50 Bed		100 Bed		200 Bed		300 Bed		400 Bed		500 Bed		600 Bed		700 Bed	
	1953	1962	1953	1962	1953	1962	1953	1962	1953	1962	1953	1962	1953	1962	1953	1962
Medical-Surgical	37	37	64	69	138	136	222	201								
Obstetrical	13	10	21	20	38	32	46	1								
Podiatrics	—	3	13	11	27	28	32	1								
Orthopedic	—	—	—	—	—	5	—	—								
Other	—	—	—	—	—	—	—	—								
Residuals	13	12	20	20	36	32	42	4								

Table 14 — Services Available — Per Cent of Nonfederal Short-Term
General and Special Hospitals, 1953-1962

		Size of Hospital (Number of Beds)							
		50	100	200	350	400	600	800	700
Clinical laboratory	1953	80	93	96	98	100	100	103	100
	1962	95	98	99	100	100	100	100	100
Pathology laboratory	1953*								
	1962	24	60	93	99	100	100	100	100
Blood bank	1953	48	60	80	86	93	96	100	100
	1962	40	64	82	87	88	89	91	92
Electroencephalograph	1953	3	7	20	34	48	58	67	72
	1962	3	9	34	86	78	83	87	91
Dental services	1953	10	17	33	48	62	76	89	95
	1962	16	29	46	63	66	72	78	83
Pharmacy	1953	33	60	90	96	100	100	100	100
	1962	28	55	90	96	99	100	100	100
X-ray therapy	1953	*	40	70	81	92	96	100	100
	1962	10	35	76	92	97	97	98	98
Radioactive isotopes	1954*	2	7	18	35	52	60	68	75
	1962	3	20	55	79	90	93	94	96
Cobalt and radium therapy	1953*								
	1962	4	13	34	80	66	76	79	82
Admission chest x-ray	1953	12	17	26	33	41	49	67	65
	1962	30	31	40	46	62	66	68	61
Obstetrical delivery suite	1954*	90	90	94	94	94	92	92	91
	1962	89	89	91	94	97	96	99	99
Prenatal nursery	1954*	30	49	73	83	90	90	90	90
	1962	44	62	79	88	92	92	92	92
Postoperative recovery room	1953	5	6	17	26	35	33	30	28
	1962	47	72	94	97	98	98	99	99
Intensive care unit	1953*								
	1962	6	11	27	42	52	57	89	61
Outpatient department general	1953	49	50	70	70	86	93	100	100
	1962	32	31	61	71	81	88	90	92
Emergency outpatient department	1954*	86	92	97	98	98	99	99	99
	1962	93	95	97	98	98	98	98	99
Home care	1953*								
	1962	2	2	6	14	11	12	16	20
Medical social service	1953	4	12	33	54	75	71	67	64
	1962	3	8	29	41	64	71	75	81
Physical therapy	1953	20	40	70	82	96	97	100	100
	1962	23	45	76	91	96	96	96	97
Occupational therapy	1953	2	5	14	26	36	46	56	66
	1962	3	4	13	25	46	54	61	67
Rehabilitation unit	1954*	1	3	9	16	23	33	43	51
	1962	2	3	11	19	30	37	42	47
Psychiatric inpatient unit	1953*								
	1962	4	7	17	29	52	55	69	73
Organized auxiliary	1954*	52	60	70	72	75	71	67	63
	1962	53	69	86	92	89	87	87	86
Chapel or prayer room	1953*								
	1962	23	42	62	74	79	78	76	76
Commercial laundry	1953*								
	1962	66	49	22	12	5	5	8	10
Commercial food	1953*								
	1962	2	5	8	8	6	6	5	4
Commercial housekeeping	1953*								
	1962	1	1	3	4	3	3	3	4

*Data not available for 1953

UTILIZATION

Utilization rates serve as an important barometer for those concerned with hospital planning. The manner and extent to which hospitals and their services are used directly affects personnel, costs, beds, service needs, architectural design, and many other

factors. Utilization rates reveal how much care the population is receiving and, if refined, may provide indications as to the quality of that care. Attempts continue to be made to determine "proper" or optimal utilization rates.

An examination of Table 15 on page 11 and Charts 3 and 4 (see below), 5 and 6 (see page 10) will reveal many significant trends. The figures are ranges and averages and do not represent what any one hospital is or what it should be.

Chart 3 — Distribution of Admissions, by Type of Hospital, 1953-1962

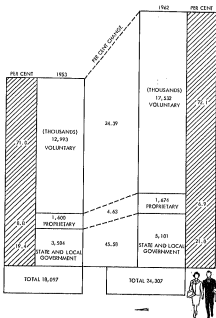
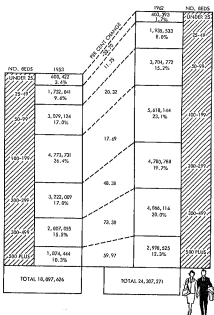


Chart 4 — Distribution of Admissions to Hospitals, by Size of Hospital, 1953-1962



Inpatient Utilization — Beds and Bassinets

Generally speaking, the average hospital, regardless of size, has experienced the following patterns of inpatient bed utilization over the past decade:

1. Admissions have increased, with the greatest in the 50, 200, 300, 400 and 500 bed classifications.

2. The average length of stay has decreased, becoming more and more marked as the size of the hospital increases.

3. The shortened length of stay has had the net effect of reducing patient days in most classifications. Modest increases in patient days are noted in the 200, 300, and 400 bed classifications.

4. The number of births has declined in all but the 300 bed classification. The decline has been greatest (20 per cent) in the 50 and 100 bed categories.

5. Fewer births and a shorter average

length of stay have caused the number of newborn days to decline rather sharply. Percentage decreases range from 45 per cent (50 bed) to 10 per cent (300 bed).

While reduced length of stay has caused inpatient volume (in terms of patient days) to decrease in four of the seven size classifications and only modestly increase in the other three, this has been offset by increasing admission rates.

Chart 5 — Per Cent Increase or Decrease in Admissions, Length of Stay, Patient Days, 1953-1962

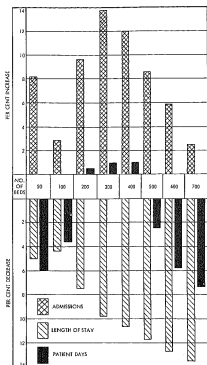
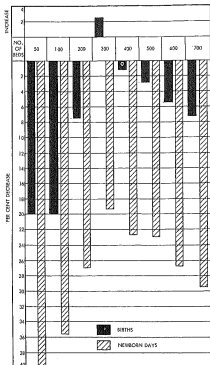


Chart 6 — Per Cent Increase or Decrease in Births and Newborn Days, by Size of Hospital, 1953-1962



Outpatient Services Utilization

Illustrative of the growth of outpatient services in our nation's hospitals are reported figures which show that from 1954 to 1969, outpatient visits to nonfederal short-term general hospitals increased 30 per cent for a total of 68 million visits. Of this total number, 34 million were general visits, 11 million were unspecified, and 17 million were emergency, an increase in the last category of 81 per cent.

The data presented in Table 16, page 11, and Chart 7, page 12, indicate the growth and utilization of outpatient services for nonfederal short-term general hospitals of various sizes for the decade 1953-62.

Hospitals of 100 and more beds

show percentage increases in total outpatient visits over the decade. Hospitals of 500 bed capacities had the largest increase (40.6 per cent) while those of 100 bed capacities showed the smallest increase (9.4 per cent).

Hospitals of 30 bed capacities in the nonfederal category, while showing a reduction of 11.5 per cent in total outpatient visits, reported the largest increase (91.8 per cent) for emergency visits, with 200 bed hospitals having the lowest increase (52 per cent) for the reported period.

During 1962, the ratio of emergency visits to other outpatient visits to nonfederal short-term general and other special hospitals ranges from 17 per

cent in 600 and 700 bed hospitals to 30 per cent in 100 bed hospitals for an average day's activity.

Good outpatient services constitute one of the most important elements in the contribution of hospitals to the community's total health picture. In terms of diagnostic, preventive and restorative health programs, these services help the hospital to fulfill its role as the true focal point of community health.

In view of current and anticipated utilization of outpatient services, it becomes imperative that planners of medical care give intensive thought and efforts to providing adequate care.

**Table 15 — Utilization Experience of Nonfederal Short-Term
General and Special Hospitals, 1953-1962**

		Size of Hospital (Number of Beds)							
		50	100	200	300	400	500	600	700
Number of admissions	1953	1,850	3,450	4,850	9,475	12,500	14,750	17,000	19,250
	1962	2,009	3,750	7,600	11,000	14,000	16,000	18,000	19,750
Per cent change		8.1	2.7	9.5	13.7	12.0	8.5	5.9	2.6
Admissions per bed	1953	37	37	34	32	31	30	28	28
	1962	40	39	38	37	35	32	30	28
Per cent change		8.1	2.7	11.8	15.6	12.9	6.7	7.1	0
Average length of stay	1953	6.3	7.0	8.0	8.7	9.4	10.2	11.0	11.8
	1962	6.0	6.7	7.4	7.9	8.4	9.0	9.6	10.2
Per cent change		-4.8	-4.3	-7.5	-9.2	-10.6	-11.8	-12.7	-13.6
Number of patient days*	1953	12,410	26,500	54,000	86,750	117,800	162,000	187,500	222,500
	1962	11,640	25,550	56,210	87,600	110,625	148,555	177,390	206,225
Per cent change		-5.9	-3.6	0.4	1.0	1.0	-2.6	-5.4	-7.3
Average daily census	1953	34	73	154	237	320	416	513	610
	1962	32	70	154	240	325	407	486	565
Per cent change		-3.9	-4.3	0	1.3	1.6	-2.2	-5.3	-7.4
Percentage occupancy	1953	68.0	72.0	76.0	79.0	79.0	83.0	86.0	87.0
	1962	63.0	70.0	76.5	79.8	81.0	81.0	81.0	81.0
Per cent change		-7.4	-2.8	0	0	2.5	-2.4	-5.8	-6.9
Number of births	1953	376	750	1,350	1,850	2,375	2,725	3,100	3,450
	1962	300	600	1,250	1,700	2,350	2,650	2,925	3,200
Per cent change		-20.0	-20.0	-7.4	2.7	-1.1	-2.8	-6.8	-7.2
Newborn census	1953	8	11	22	30	39	45	52	59
	1962	3	7	16	25	31	35	38	41
Per cent change		-40.0	-27.3	-27.3	-16.7	-20.5	-22.2	-26.9	-30.5
Percentage occupancy Newborn	1953	42.0	56.0	63.0	68.0	66.0	67.0	69.0	70.0
	1962	27.0	37.0	60.0	56.0	56.0	57.0	58.0	55.0
Per cent change		-35.7	-32.7	-20.6	-13.8	-15.2	-14.9	-15.9	

*Excludes newborn

Chart 8 — Per Cent Change in Laboratory and X-Ray Examinations, 1953-1962, Nonfederal Short-Term and Special Hospitals

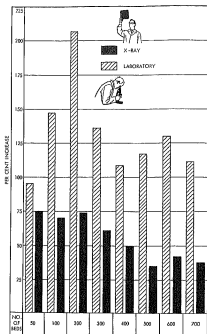


Chart 7 — Outpatient and Emergency Visits, 1953-1962, Nonfederal Short-Term and Special Hospitals in the U.S.

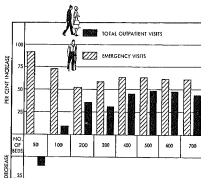


Table 17 — Utilization: Laboratory and X-Ray Examinations, Nonfederal Short-Term General and Special Hospitals, by Size, 1953-1962

		Size of Hospital (Number of Beds)							
		50	100	200	300	400	500	600	700
Laboratory examinations	1953	12,750	26,500	49,000	85,000	126,000	155,000	180,000	210,000
	1962	25,000	46,000	150,000	200,000	240,000	335,000	410,000	445,000
	Per cent change	96.1	147.3	206.1	135.3	108.0	116.1	127.8	111.9
X-ray examinations	1953	2,000	3,500	12,775	14,000	20,000	26,000	32,000	38,000
	1962	3,800	9,500	22,150	24,000	30,000	34,500	44,000	52,000
	Per cent change	75.0	72.7	74.3	62.5	60.0	32.7	37.5	36.8

Laboratory and X-Ray Services Utilization

The diagnostic services of clinical pathology and radiology have increased substantially in utilization over the last 10 years. This is a result of both the availability of more types

of examinations and the tendency to use more tests for each admission.

As shown in Table 17 and Charts 8-10, increases in laboratory examinations have ranged from 96 per cent

(50 bed) to 206 per cent (200 bed). The increases in x-ray examinations range from 33 per cent (500 bed) to 75 per cent (50 bed).

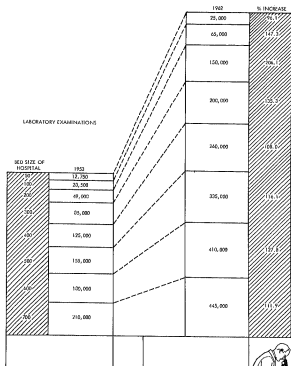


Chart 9 — Utilization of Laboratory (Total Exams) in Nonfederal Short-Term and Special Hospitals, 1953-1962

Chart 10 — Utilization of Radiology (Total X-Rays) in Nonfederal Short-Term and Special Hospitals, 1953-1962

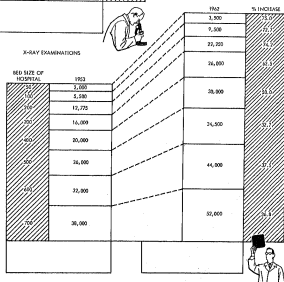
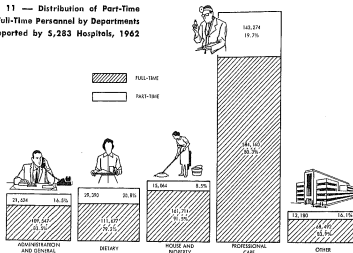


Chart 11 — Distribution of Part-Time and Full-Time Personnel by Departments as Reported by 5,283 Hospitals, 1962



PERSONNEL-STAFFING

Personnel in hospitals of all types increased by 50 per cent, from 1,169,000 to 1,763,000 between 1953 and 1962. In the nonfederal short-term general and special hospitals this increase was 68 per cent, from 719,000 in 1953, to 1,207,000 in 1962.

An analysis of personnel trends in the different size hospitals shows that total (full-time equivalent) personnel have had percentage increases in every category during the decade. These

increases range from 2.1 per cent in the 700 bed to 30 per cent in the 100 and 400 bed hospitals. Personnel per occupied bed have shown even greater percentage increases in each size category.

The distribution of these increases within the five departmental breakdowns reveals that the greatest growth has occurred in the administration and general departments, with increases ranging from 27 per cent

(700 bed) to 78 per cent (100 bed).

In the dietary department the 600 and 700 bed hospitals show 12 per cent and 16 per cent decreases, respectively. Professional care departments have shown increases in all sizes of hospitals, with a range from 6 per cent (700 bed) to 32 per cent (300 bed). Conspicuous as departments showing decreases in personnel are those of house and property, ranging from a decrease of 1.8 per cent

Table 18 — Personnel¹ in Nonfederal Short-Term General and Special Hospitals, 1953-1962

		Size of Hospital (Number of Beds)							
		50	100	200	300	400	500	600	700
Full-time equivalent personnel	1953	56	123	283	446	610	680	1,050	1,270
	1962	63	160	341	573	806	994	1,146	1,303
Per cent change		12.5	30.1	20.5	28.6	32.1	19.8	9.1	2.8
Full-time equivalent personnel per bed	1953	1.1	1.2	1.4	1.6	1.6	1.7	1.8	1.9
	1962	1.3	1.6	1.7	1.9	2.0	2.0	1.9	1.9
Full-time equivalent personnel per occupied bed	1953	1.6	1.7	1.8	1.8	1.8	1.9	2.0	2.1
	1962	2.0	2.3	2.2	2.4	2.4	2.4	2.3	2.3
Per cent change		25.0	35.3	22.2	33.3	33.3	26.3	15.0	9.6

¹Excluding interns, residents and students.

(200 bed) to one of 39.1 (700 bed).

On the basis of personnel per 100 patients, the growth in nonfederal short-term general hospitals becomes

somewhat less dramatic, but remains remarkable, with a growth rate from 183 to 237, or 29.5 per cent. Psychiatric hospitals report a 52 per cent

growth in total personnel, with a 58 per cent increase per 100 patients. (See Tables 18 through 20 and Chart 11.)

Table 19 — Personnel: Departmental Distribution¹ in Nonfederal Short-Term General and Special Hospitals, 1953-1962

		Size of Hospital (Number of Beds)							
		50	100	200	300	400	500	600	700
Administration and general	1953	6	9	24	39	55	72	89	106
	1962	8	16	38	60	85	102	118	131
	Per cent change	33.3	77.8	58.3	53.8	54.5	41.7	32.6	23.1
Dietary	1953	7	14	37	60	80	106	136	164
	1962	7	19	40	62	96	117	136	161
	Per cent change	0.0	35.7	8.1	3.3	20.3	8.3	0.0	-8.6
House and property	1953	10	24	65	100	144	207	271	368
	1962	9	23	64	87	121	150	181	213
	Per cent change	-10.0	-4.2	-1.5	-13.0	-16.0	-25.1	-33.2	-40.0
Professional care	1953	33	76	167	247	331	443	554	665
	1962	37	94	186	326	430	530	589	662
	Per cent change	12.1	23.7	11.4	32.0	29.9	19.6	6.1	0.6
Other ²	1962	2	8	23	38	71	94	122	115

¹Excluding interns, residents and students.
²Classification of "other" net in 1953 data.

Table 20 — Personnel Distribution by Department in Nonfederal Short-Term General and Special Hospitals, by Size, 1962

PERSONNEL	Size of Hospital (Number of Beds)							
	50	100	200	300	400	500	600	700
Total personnel								
Full-time	55	141	302	517	728	905	1,042	1,215
Part-time*	16	37	77	111	157	167	168	168
Graduate nurses								
Full-time	12	34	73	116	151	181	204	223
Part-time	6	13	31	46	58	55	54	54
Nursing administration								
Full-time	1	2	3	4	4	5	5	6
Part-time	—	—	—	—	—	—	—	—
Nursing instructors								
Full-time	—	—	4	6	7	8	9	9
Part-time	—	—	—	1	1	1	1	1
Nursing anesthetist								
Full-time	—	2	2	3	4	4	4	5
Part-time	—	—	—	—	—	—	—	—
Operating room supervisor								
Full-time	1	1	2	2	2	2	2	2
Part-time	—	—	—	—	—	—	—	—
Operating room head nurse								
Full-time	—	—	1	1	2	3	4	5
Part-time	—	—	—	—	—	—	—	—
Operating room staff nurse								
Full-time	1	3	6	10	12	14	14	14
Part-time	—	—	1	2	3	2	2	2
Patient care supervisor								
Full-time	2	4	6	8	10	13	15	17
Part-time	—	—	1	1	1	1	1	1
Patient care head nurse								
Full-time	2	5	11	17	23	29	34	39
Part-time	—	2	1	2	3	2	2	2
Patient care staff nurse								
Full-time	5	15	25	60	80	94	106	113
Part-time	4	11	25	38	49	46	47	44

*Two part-time personnel calculated as equivalent to one full-time.

(Continued on next page)

Table 20 (Continued)

PERSONNEL	Size of Hospital (Number of Beds)							
	50	100	200	300	400	500	600	700
Other nurses								
Full-time	—	2	3	5	7	9	11	13
Part-time	2	—	2	2	3	3	3	4
Other nursing personnel								
Full-time	17	41	82	133	185	233	276	321
Part-time	4	8	15	19	22	23	26	29
Practical nurses								
Full-time	5	13	20	29	41	51	61	70
Part-time	1	2	3	4	5	5	5	5
Aides and attendants								
Full-time	6	22	50	80	109	133	155	179
Part-time	2	6	8	9	11	10	12	12
Orderlies								
Full-time	1	3	7	13	20	25	30	34
Part-time	1	—	2	3	3	5	6	9
Other auxiliary nurses								
Full-time	—	2	5	11	15	24	30	38
Part-time	—	—	2	3	3	3	3	3
Private duty nurses	2	5	14	28	39	43	47	50
Dietitians								
Full-time	1	1	3	5	7	8	10	11
Part-time	—	—	—	1	1	1	1	1
Other dietary personnel								
Full-time	7	20	32	54	77	96	113	129
Part-time	2	6	12	18	23	26	25	24
Medical records								
Full-time	1	2	5	8	13	16	20	23
Part-time	1	2	2	3	4	4	4	4
Medical social workers								
Full-time	—	—	—	1	2	4	5	6
Part-time	—	—	—	—	1	1	1	1
Medical technicians								
Full-time	3	8	10	16	23	28	33	37
Part-time	—	—	3	3	4	5	6	6
Pharmacist								
Full-time	—	—	2	3	4	5	5	6
Part-time	—	—	—	1	1	1	1	1
Physical therapists								
Full-time	—	—	2	3	4	5	6	6
Part-time	—	—	—	—	—	—	—	—
Psychiatric social workers								
Full-time	—	—	—	—	1	1	2	2
Part-time	—	—	—	—	—	—	—	1
X-ray technicians								
Full-time	1	3	5	7	10	12	14	15
Part-time	—	—	—	—	—	—	—	—
Laundry								
Full-time	2	5	11	20	28	33	38	42
Part-time	1	2	1	1	1	1	1	1
Housekeeping								
Full-time	5	13	27	50	70	88	99	118
Part-time	1	2	3	3	5	5	5	5
Maintenance								
Full-time	2	5	12	20	28	35	43	50
Part-time	—	2	1	2	4	4	4	3
Administration								
Full-time	4	11	25	44	62	75	86	97
Part-time	1	2	6	9	12	13	13	12
Other								
Full-time	—	1	13	37	63	85	108	133
Part-time	—	—	4	8	21	28	27	25

Internship and Residency Programs — 1961

A 10 year comparison of intern and residency programs is not available, which makes statistical analyses of trends and patterns impossible. However, available information shows that the total number of intern and residency positions has increased, and that most of this increase has occurred

in the larger hospitals of the nation.

Estimates show that if the present ratio of doctors to population were to be maintained, medical school graduates over the next 10 years must be increased by 50 per cent.

Table 21, taken from the American Medical Association data, shows that

intern and residency programs are concentrated in the 200 to 700 bed classifications. The problem of filling the positions in these programs is somewhat illustrated by the fact that a certain percentage of all these programs have none of their positions filled.

Table 21 — Internship and Residency Programs in All Hospitals, 1961

	Size of Hospital [Number of Beds]							
	50	100	200	300	400	500	600	700
Per cent of all hospitals having intern or residency programs	—	—	28	58	61	52	44	37
Of those having intern or residency programs, per cent hospitals having intern programs only	—	—	21	48	55	59	67	76
Per cent hospitals having residency programs only	—	—	23	53	59	62	71	80
Per cent hospitals having both intern and residency programs	—	—	14	42	53	58	66	73
Of those having intern or residency programs, per cent having additional house staff	—	—	81	93	97	97	97	97
Of those having house staffs,								
Number of house staff	—	—	10	20	32	50	71	92
Foreign graduates	—	—	4	8	9	11	15	18
Nonforeign graduates	—	—	6	12	23	39	56	74
Of those hospitals having residency programs, per cent having residency in:								
Anesthesiology	—	—	2	10	15	22	34	45
General practice	—	—	5	9	9	9	9	10
Internal medicine	—	9	28	42	51	61	70	
Neurosurgery	—	—	—	3	6	10	18	26
OB-gynecology	—	—	6	21	35	44	54	64
Pathology	—	—	14	42	51	55	64	74
Pediatrics	—	—	3	10	18	28	39	51
Physical medicine	—	—	—	—	2	5	9	13
Psychiatry	—	—	—	3	6	12	21	30
Radiology	—	—	2	13	22	31	42	54
General surgery	—	—	12	34	47	55	64	73
Urology	—	—	—	8	12	19	26	37

FINANCIAL EXPERIENCE

there may be a tendency to make sacrifices here in favor of pressing demands in other areas.

SUMMARY

Daily Activities. For such purposes as estimating workloads, public relations, and promotional activities in-

cluding fund raising, it is useful to tabulate at least approximate round-the-clock action in the individual hospital. Highlights of an average day's activities in nonfederal short-term general hospitals, by bed size, are presented in Table 23.

Highlights. Table 24 presents a summary of highlights of nonfederal short-term general hospitals, based upon tables in this report. Added are square foot areas and construction costs found in data on Hill-Burton aided hospitals in this category.

Table 22 — Finances of Nonfederal Short-Term General and Special Hospitals, 1953-1962

		Size of Hospital (Number of Beds)							
ASSETS		50	100	200	300	400	500	600	700
Total assets (thousands)	1953	325	800	2,000	3,800	5,600	6,250	6,900	6,575
	1962	600	1,400	3,850	6,200	8,400	10,800	13,300	15,800
	Per cent change	84.6	75.0	92.6	63.2	50.0	72.8	92.8	140.3
Total assets per bed	1953	6,500	8,000	10,000	12,600	14,000	12,500	11,500	10,500
	1962	12,000	14,000	19,250	20,700	21,000	21,600	22,160	22,600
Plant assets (thousands)	1953	230	550	1,100	2,350	3,400	3,800	4,200	4,400
	1962	400	1,125	3,000	4,700	6,400	6,100	7,750	11,400
	Per cent change	73.9	104.5	130.8	100.0	88.2	131.2	132.1	147.9
Plant assets per bed	1953	4,600	5,500	5,500	7,800	8,500	7,600	7,000	6,600
	1962	8,000	11,250	15,000	15,700	16,000	16,200	16,275	16,500
Per cent plant assets of total	1953	71	68	65	62	61	62	61	63
	1962	67	80	78	76	76	75	72	73
EXPENSES									
Total expenses (thousands)	1953	\$ 180	\$ 470	\$1,100	\$1,450	\$2,200	\$2,825	\$3,450	\$4,075
	1962	390	900	2,100	3,325	4,600	5,800	6,950	8,100
	Per cent change	116.7	91.5	90.9	101.5	109.1	106.3	101.6	98.8
Total expense per patient day	1953	\$16.00	\$17.75	\$19.76	\$19.87	\$20.00	\$19.25	\$18.50	\$19.75
	1962	31.50	33.50	37.40	37.94	38.78	39.04	39.18	39.28
	Per cent change	110.0	88.7	89.3	91.0	93.9	102.8	111.7	98.8
Total expense per patient stay	1953	\$97.60	\$125.00	\$164.00	\$171.76	\$187.50	\$195.50	\$203.50	\$233.06
	1962	189.00	224.45	276.76	299.88	325.75	361.36	376.13	400.66
	Per cent change	93.8	79.6	77.4	74.6	73.7	79.7	84.8	71.9
PAYROLL									
Annual payroll (thousands)	1953	\$95	\$250	\$ 445	\$ 962.8	\$1,320	\$1,660	\$2,000	\$2,140
	1962	200	500	1,300	2,100	2,900	3,700	4,825	5,325
	Per cent change	110.5	92.3	101.6	113.7	119.7	122.9	126.3	127.6
Payroll per patient day	1953	\$8.10	\$9.80	\$11.50	\$11.85	\$11.60	\$11.05	\$10.80	\$11.35
	1962	17.90	19.75	22.90	24.10	24.80	24.95	26.40	25.80
Payroll — per cent of total expense ¹	1953	54	55	58	66	58	57	68	67
	1962	54	59	61	63	63	64	65	66
¹ Based on relation of payroll per patient day to total expenses per patient day									
EXPENSE BY DEPARTMENT									
Administration and general (thousands)	1953	\$18	\$49.35	\$121	\$188.1	\$269.6	*	*	*
	1962	54.21	123.3	281.4	436.9	602.6	*	*	*
	Per cent change	201.2	149.8	132.6	133.3	132.1	*	*	*
Dietary (thousands)	1953	\$27.9	\$70.5	\$176	\$240.9	\$290.4	*	*	*
	1962	44.07	100.8	232.1	372.4	515.2	*	*	*
	Per cent change	58.0	43.0	32.4	54.6	77.4	*	*	*
House and property (thousands)	1953	\$27	\$70.6	\$189.6	\$237.6	\$314.6	*	*	*
	1962	51.68	117.9	270.9	436.75	611.8	*	*	*
	Per cent change	90.7	67.2	59.8	83.4	94.5	*	*	*
Professional costs (thousands)	1953	\$103.6	\$265.55	\$466	\$920.7	\$1,243	*	*	*
	1962	226.39	626.5	1,239	1,946.1	2,672.6	*	*	*
	Per cent change	118.9	98.3	104.8	111.3	115.0	*	*	*
Other (thousands)	1953	\$3.6	\$14.1	\$38.5	\$62.7	\$92.4	*	*	*
	1962	13.65	31.6	75.6	139	197.8	*	*	*
	Per cent change	279.2	123.4	96.4	112.1	114.1	*	*	*

* Data not available for hospitals with more than 400 beds

(Continued on Next Page)

Table 22 (Continued)

		50	100	200	300	400	500	600	700
DISTRIBUTION									
Administration and general (distribution of expenses)	1953	10.0	10.5	11.0	11.4	11.8	*	*	*
	1962	13.9	13.7	13.4	13.2	12.1	*	*	*
Dietary (distribution of expenses)	1953	15.6	15.0	14.0	14.6	13.2	*	*	*
	1962	11.3	11.2	11.1	11.2	11.2	*	*	*
House and property (distribution of expenses)	1953	15.0	15.0	14.8	14.4	14.3	*	*	*
	1962	13.2	13.1	12.9	13.1	13.3	*	*	*
Professional care (distribution of expenses)	1953	57.8	56.5	55.0	55.8	56.5	*	*	*
	1962	58.1	58.6	59.0	58.5	58.1	*	*	*
Other (distribution of expenses)	1953	2.0	3.0	3.6	3.8	4.2	*	*	*
	1962	3.5	3.5	3.5	4.0	4.3	*	*	*

*Data not available for hospitals with more than 400 beds

Chart 12 — Total Assets of Nonfederal Short-Term General and Special Hospitals, 1953-1962

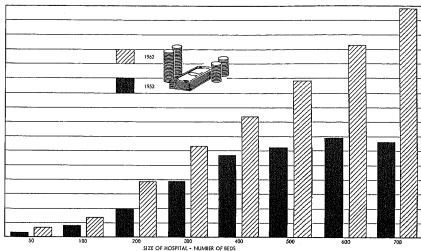


Table 23 — Average Day's Activities of Nonfederal Short-Term General and Special Hospitals, 1962

	Number of Beds							
	50	100	200	300	400	500	600	700
Admissions	5-6	10-11	20-21	30-31	38-39	43-44	49-50	54-55
Births	1	1-2	3-4	5-6	6-7	7-8	8	8-9
Adult cases	32	70	154	240	325	407	486	565
Newborn cases	3	7	16	25	31	35	38	41
Personnel								
full-time (equiv.)	48-49	114-115	243-244	408-409	556-557	710-711	810-811	926-927
Lab. exams	85-90	225-230	520-525	695-700	905-910	1,170-1,175	1,430-1,435	1,565-1,570
X-ray exams	10-15	30-35	75-80	90-95	105-110	120-125	150-155	180-185
Emerg. OPD visits	3-4	9-10	20-21	32-33	44-45	58-59	70-71	83-84
Other OPD visits	10-11	20-21	52-53	95-96	171-172	246-247	310-311	372-373
Total expenses	\$1,058	2,466	8,763	9,110	12,603	15,890	19,041	22,192
Payroll expenses	\$548	1,370	3,562	3,763	7,945	10,127	12,397	14,589

Table 24 — Summary of Nonfederal Short-Term General Hospitals, 1962

	Number	Per Cent
Number of hospitals	5,544	
Per cent of all hospitals		79.1
Number of beds	677,000	
Per cent of all beds		40.1
Average number of beds	122	
Total admissions	24,307,000	
Per cent of all admissions to all hospitals		91.6
Total outpatient visits	70,727,474	
Per cent of all outpatient visits		71.2
Total personnel	1,207,496	
Per cent of all personnel in all hospitals		68.5
Personnel per 100 patients — 1962	237	
Increase in personnel (1953 to 1962)		67.8
Increase in personnel per 100 patients (1946 to 1962)		29.5
Payroll expenses (Total — 1962)	\$4,233,000,000	
Payroll — per cent of total expenses		61.8
Payroll increase (1953-1962)		148.4
Payroll expense per patient day*	\$22.79	
Payroll expense per patient day increase (1953-1962)		92.1
Total expenditures — 1962	\$6,841,000,000	
Annual total expenditure per bed	\$10,104	
Average construction costs per bed (Hill-Burton-1962, excluding site)	\$22,000	
Average cost per square foot	\$29.40	
Average number square feet per bed	746	
Period required for operating costs to equal original construction costs	26 months	

50 BEDS

Admissions
5-6
Adult Census
32



Births
1



Newborn
Census 3

Personnel
Full-Time
(Equiv.)
48-49



Emergency
Outpatient
Visits
3-4
Other
Outpatient
Visits
10-11



Laboratory
Exam-
inations
85-90



X-ray
Exam-
inations
10-15



Total Expenses \$1,068



Payroll
Ex-
penses
\$ 548

Personnel
Full-Time
(Equiv.)
926-927



Total
Ex-
penses
\$ 22,192



Payroll
Ex-
penses
\$14,589

Births 8-9
Newborn
Census 41



Emergency
Outpatient
Visits 83-84



Other
Outpatient
Visits 372-373



Laboratory
Exam-
inations
1555-1560



600 BEDS

Admissions
49-50
Adult Census
486



Laboratory
Examinations
1430-1435



X-ray
Examinations
150-153



Emergency
Outpatient Visits 70-71



Other Outpatient
Visits 310-311



Total Expenses \$19,041

Payroll Expenses
\$ 12,397



X-ray
Exam-
inations
120-125



Laboratory
Exam-
inations
1170-1175



Total Expenses \$15,890

Payroll Expenses \$10,137



500 BEDS

100 BEDS

Admissions
10-11
Adult Census
70



Births
1-2



Newborn
Census 7

Personnel
Full-Time
(Equiv.)
114-115



Emergency
Outpatient
Visits 9-10



Other
Outpatient
Visits 20-21



Laboratory
Examinations
225-230



X-ray
Examinations
30-35



Total Expenses \$2,466



Payroll
Ex-
penses
\$ 1,370

Laboratory
Examinations
520-525



X-ray
Examinations
75-80



Admissions
20-21
Adult Census
154



Births 3-4
Newborn Census
16



Personnel
Full-Time
(Equiv.)
243-244



Emergency
Outpatient
Visits 20-21



Other
Outpatient
Visits
52-53



Total Expenses \$5,753

Payroll Expenses \$3,562



200 BEDS

Admissions
30-31
Adult Census
240



Births
5-6



Newborn
Census 25

Personnel
Full-Time
(Equiv.)
406-407



X-ray
Examinations
90-95



Emergency
Outpatient
Visits 32-33



Other
Outpatient
Visits
95-96



Laboratory
Examinations
695-700



Adult
Census
325



Admissions
38-39



Births 6-7
Newborn Census
31



Personnel
Full-Time
(Equiv.)
565-566



X-ray
Examinations
105-110



Laboratory
Examinations
905-910



Emergency
Outpatient
Visits 44-45



Other
Outpatient
Visits 171-172



Total Expenses \$12,603

Payroll Expenses \$ 7,945



400 BEDS